FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G058 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **521 KENNEDY STREET, NE** SYMBRAL FOUNDATION WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 Symbral has received a copy of deficiency report for A recertification survey was conducted from 2/28/10 and survey was conducted. ongoing January 4, 2010, through January 6, 2010. The survey was initiated using the fundamental survey We have formulated a QA Team with monitoring tools process. A random sample of two clients was developed and implemented to ensure that diagnostic. selected from a client population of three males curative and preventative interventions are conducted in a timely manner to ensure compliance. with various disabilities. The findings of the survey were based on observations in the home and one day program. interviews with staff in the home and at the day program, as well as a review of the clinical, Keund 3/1/10 administrative, and habilitation records; including a review of the unusual incident/investigation GDVERNMENT OF THE DISTRICT OF COLUMBIA reports. DEPARTMENT OF HEALTH W 159 483.430(a) QUALIFIED MENTAL W 159 HEALTH REGULATION ADMINISTRATION RETARDATION PROFESSIONAL 825 NDHTH CAPITOL ST., N.E., 2ND FLDOR WASHINGTON, D.C. 20002 Each client's active treatment program must be Integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure the Qualified Mental Retardation Professional (QMRP) coordinated, integrated and monitored services. for three of the three clients residing in the facility. (Clients #1, #2, and #3) The findings include: 1. The facility's QMRP failed to coordinate services with the day program to address Client #2's behavioral needs as evidenced below: Interview with Client #2's day program (DP) case manager_on_January 6, 2010, at 12:40 p.m. LABORATORY DIRECTORY OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE 2.26.10

Any deficiently statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: NG9F11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/18/2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G058	B. WMG		01/0	6/2010	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE \$21 KENNEDY STREET, NE WASHINGTON, DC 20011				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX T A G	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
W 159	attempting to touch others. Client #2's August, September 30, 200 to have issues with belonging to others in the community. stated that "He refuexcept when he is manager stated that psychologist would client and develop the aforementioned with the case manaprogram did not ha support plan (dated Individual support)	ient exhibited a behavior of food and/or drink belonging to DP First Quarterly Report (for r. October 2009) dated 9, revealed the client continued touching food and beverages at both the day program and The quarterly report further uses his food most of the time, taken out to eat." The case	W 159	Targeted behaviors as per psychologidentified and discussed at ISP Meet Day Program Coordinators attend to such they are aware of such behaviors. DDS Service Coordinator faxed country which includes copy of BSP to Confirmation of faxed documents of QMRP by DDS Service Coordinator. The individual's BSP addresses in agwhich includes touching of food anothers.	these meetings as ors. by of individual #2 NCC on 2/26/10. vas forwarded to r. byropriate touching	2/26/10 and ongoing	
	approximately 3:15 a behavior support 2009, which was behome. The QMRP (including the BSP) program by the government of the seven which was "inapproof others, putting handothers), Further rehowever, that it did touch food and/or ctargeted behavior.	p.m. confirmed Client #1 had plan (BSP) dated August 21, eing Implemented at the group indicated that the ISP is provided to the day remment service coordinator. January 6, 2010, at 3:25 p.m. as BSP required that he was ral targeted behaviors, one of periate touching", (touching dis in pants, and smelling view of the BSP revealed, not identify attempting to drink belonging to others as a There was no evidence that coordinated to ensure that					

		AND HUMAN SERVICES MEDICAID SERVICES			FORI	D: UZJB/ZUTU M APPROVED	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION (X3) DATE	CMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		09G058	B. WI	NG_		06/2010	
	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE WASHINGTON, DC 20011	00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5] COMPLETION DATE	
W 159	Continued From pa	ge 2	W	159			
	Client #2's attempti	ng to touch food and/or drink was being effectively					
	The facility's QMRP failed to ensure that staff were effectively trained on documentation of topical treatments. (See W368)				LPN Case Manager conducted training on documentation of topical on 1/9/10.	1/14/10 and ongoing	
	effective system wa	RP failed to ensure an simplemented to monitor of his recommended (436)			Monitoring toot for wearing of eye glasses was developed on 1/6/10 and staff training effected on 1/6/10 and 1/7/10.	1/6/10 and ongoing	
	services to ensure of training on how to o	RP failed to coordinate lirect care staff received perate Client #3's low-tech device. (See W189)		į	Speech and Language Therapist conducted training on utilization of communication device on 1/10/10.	1/10/10 and ongoing	
	5. The QMRP failed to coordinate services to ensure Client #3 received training timely to address his communication needs. (See W249)				QMRP documented efforts to obtain adaptive equipment to address individual #3 communication needs. A letter was sent to Speech and Language Therapist requesting that once Augmentative device is recommended as per Speech and Language assessment	1/26/10 and ongoing	
W 190	ensure comprehens for Clients #1 and #/	to coordinate services to ive nutritional reassessments 2. (See W217)		ļ	within 30 days of assessment in conjunction with necessary staff training to facilitate implementation of goal as identified by ISP Team.	ļ	
100	The facility must pro initial and continuing	F TRAINING PROGRAM vide each employee with training that enables the n his or her duties effectively, setently.	W 1	89			
:	Based on observation review, the facility factoring training the effectively and comp	not met as evidenced by: in, interview and record iled to ensure initial and lat enabled each staff to etently perform their duties					

		AND HUMAN SERVICES 8 MEDICAID SERVICES				FOR	D: 02/18/2010 M APPROVED D: 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTR LOING	RUCTION	(X3) DATE COMP	SURVEY
		09G058	B. WH	ю		01/	06/2010
	PROVIDER OR SUPPLIER			521 KENNED	SS, CITY, STATE, ZIP CO Y STREET, NE O N, OC 2001 1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EAC	OVIDER'S PLAN OF CO H CORRECTIVE ACTION -REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	COMPLETION DATE
W 189	Continued From pa	ge 3	W	89			
W 217	survey revealed that "low-tech (Basic Tallnterview with the Corpressional (QMRI) a.m. revealed that it by the client because on how to use it. Further of the composition of the time of the staff on how to t	it Client #3 did not use his lk 4) AAC device." Qualified Mental Retardation P) on January 5, 2010, at 9:39 he device was not being used to staff had not been trained urther interview with the 5, 2010, at approximately the training had been initially mber 16, 2009, however had by the SLP for January 9, the survey, there was no had ensured training timely o operate Client #3's k 4) AAC device." DIVIDUAL PROGRAM PLAN functional assessment must atus.	W 2	17			
	Based on observation review, the facility facomprehensive asserted of two of two #1 and #2)	essment of the nutritional clients in the sample. (Clients					
	The findings include 1. The facility failed (reassessment of Clic and the continued re supplement as evide	to ensure a comprehensive ent #2 's food preferences					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	09G058	B. WING		01/	01/06/2010	
NAME OF PROVIDER OR SUPPLIES SYMBRAL FOUNDATION		521	ET ADDRESS, CITY, STATE, ZIP O KENNEDY STREET, NE ASHINGTON, DC 20011			
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received his dinn- beans, pear haw Breeze ". He dra ", however require eat his meal. At a minutes later, state eating, and the cl He went to the kil approximately 60 beans from the p most of the fruit. Several minutes I practical nurse (L was finished eatin plate to the kitche sometimes refused drank 100% of his Interview with the revealed the client fiber diet and 8 on time daily. Accor- offered a snack to During the day pro at 12:30 p.m., interview at 12:30 p.m.,	at 6:05 p.m., Client #2 er meal (fish, yellow rice, green es) and 8 ounces of Resource " enk all of the Resource "Breeze ed verbal prompts from staff to 6:38 p.m., approximately thirty eff asked him if he was finished eient gently slapped his own face. echen at 6:44 p.m. and raked echen at 6:44 p.m. and raked es of his fish, yellow rice, green eate into the trash can, but ate eater (6:50 p.m.), the licensed ent pN) indicated that if the client ent ent expected that the client ent expected that the client ent his food, however usually es beverages and ate his dessert, estaff preparing the meal et was prescribed a regular high eliences Resource "Breeze", one eding to staff, the client would be	W 217				

PRINTED: UZ/18/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING 09G058 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE SYMBRAL FOUNDATION WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY** W 217: Continued From page 5 W 217 assessments at the group home revealed the client's food intake was "usually 75%-100%" A letter was sent to Nutritionist on 2/26/10 that a 3/10/10 and The client's health management care plan dated reassessment be done for individual #2 to determine if ongoing August 7, 2009, revealed a goal to consume offering him more food of his preferences will 100% of his food. maximize intake of diet at meal times copies of letter were sent to Day Program, Social Worker and DDS Service Coordinators follow up response was also be On January 6, 2010, at 10:33 a.m., review of the forwarded to ensure best service to individual. annual nutrition assessment dated July 10, 2009. revealed Client #2 "tolerates consistency. Can be QMRP, RN, DON and House Manager will monitor for picky at times. Staff says appetite has improved. compliance. Likes things like hamburgers, fries milk and peanut butter, and jelly sandwiches. Appetite is 75-100%....estimated kcal needs -1731. " A nutrition quarterly report dated October 24, 2009. documented that the client's regular diet provided 2000 to 2400 calories. At the time of the survey, however, there was no evidence that Client #2 had been reassessed to determine if offering him more of the preferred foods would maximize intake of the foods in his diet. The facility failed to ensure that Client #1 caloric needs for weight gain within his desirable weight range were reassessed as evidenced below: During dinner observations on January 4, 2010, at 6:05 p.m., Client #1 slowly ate 100% of a double portion meal and drank 8 ounces of Ensure Plus. He completed his meal at 6:54 p.m.,

approximately 50 minutes later. Interview with staff during the dinner meal revealed the client enjoys his double portions and always consumed 100% of his meals and supplement. Further observation of the client, however, revealed he appeared to be underweight for his height.

DEPAR	TMENT OF HEALTH	HAND HUMAN SERVICES				APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	
		09G058	B. WIN	ıG	- 01#	06/2010
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SIMONA	AL POUNDATION			WASHINGTON, DC 20011	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFU TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
W 217	Continued From pa	ige 6	W 2	217		
W 217	Interview on Januar revealed the client is cholesterol, choppe (double portion for p.m. snack. Staff in also prescribed a signature of the second of the second of the survey with the deconsume 100% of a survey, staff at the chome agreed that it 100% of the food at 100% of the food at 100% of the survey. Staff at the second of the survey of the weep that it 100% of the food at 100% of	age 6 bry 4, 2010, at 6:17 p.m. Was prescribed a low fat, lowed, no concentrated diet breakfast and dinner) and a reported that the client was supplement of Ensure Plus (8 s daily to help him gain weight. If any program staff on January 5, revealed that the Client #1 gle portions at lunch and a soon snack. During the day elient was observed to a single portion diet. During the day program and the group the client usually consumed and beverages offered. Weight records on January 5, revealed the client had a ght range of 135 to 167 bytew of the weight chart 's fluctuating weight from pounds) to December 2009 to January 6, 2010, at 2:37 p.m., onal assessment dated revealed "Current diet	W 2	!17		
	provides 3000 - 350 documented that the to 100% of his diet; Although the annual assessments continual a goal, the client ac from January 2009 time of the survey, to	00 calories." The assessment ne consumed approximately 75 and tolerated his diet well. at and quarterly nutritional nued to identify weight gain as chieved no net weight gain to December 2009. At the there was no evidence that the dito promote weight had been				

reassessed by the nutritionist and the interdisciplinary team. (See also W322.2)
W 249 483.440(d)(1) PROGRAM IMPLEMENTATION

W 249

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURY COMPLETE					
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· _	ROVIDER OR SUPPLIER			!	REET ADDRESS, CITY, STATE. ZIP CODE 121 KENNEDY STREET, NE WASHINGTON, DC 20011	1 577	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 7	W 2	249			
	formulated a client's each client must re- treatment program interventions and so and frequency to su	rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the lin the individual program			Crossed referenced and adopted with W1: W159.5.	59.4 and	1/26/10 and ongoing
	Based on observation review, the facility factive treatment was by the interdisciplination.	s not met as evidenced by: on, interview and record ailed to ensure continuous s provided as recommended ary team (IDT) to address the ds for one of the three clients by. (Client #3)					
	The finding includes	3 :					
	observations on Jan Client #3 was obser short and echolaic s revealed that Client	6) During the evening huary 4, 2010, at 5:40 p.m., wed responding to staff using sentences. Interview with staff #3 had a communication s not using it because staff d on how to use it.			Crossed referenced and adopted with W15 W159.5, W189 and W249.	9.4,	1/10/10 and ongoing
	revealed a Speech a dated January 31, 2 weaknesses as redushort attention span. April 8, 2009), using was scheduled to be 2009. The goal was	anuary 5, 2010, at 10:45 a.m., and Language assessment 009, documented the client 's uced manual dexterity and a . A training objective (dated the Basic Talk AAC device implemented on May 8, to increase communication a low tech electronic AAC					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS 521 KENNEDY WASHINGTO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFII TAG	(EACH	OVIDER'S PLAN OF CORR CORRECTIVE ACTION S REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 249	device." Stated to designed to enable state his name on r	ge 8 aining objectives were the client to make requests, to equest, to answer simple ate identifying information.	W 2		enced and adopted with V	V189.	1/26/10 and
	9:39 a.m., revealed communication goa implement after Clic plan (ISP) which was Further interview with AAC device was no	that the IDT approved the IDT approved the IDT approved the III and that it was to be ent #3 's individual support as conducted on April, 8, 2009. Ith the QMRP revealed the it received until November staff was awaiting training on ce.					
W 322	a QMRP note dated AAC device had no hold until delivery or QMRP progress no August 20, 2009, at revealed the AAC dimplement the train the survey, there we had ensured that C	at 10:45 a.m., the review of June 12, 2009, revealed the teen delivered. "Program on AAC device". Subsequent tes dated July 12, 2009, and October 26, 2009 also evice was not available to ing objective. At the time of as no evidence that the facility lient #3 received continuous improve his communication	W 3:	22			
		ovide or obtain preventive and	.,,				
	Based on observation review, the facility fathealth services were	s not met as evidenced by: on, interview and record ailed to ensure preventive of implemented as one of two clients in the					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

DER OR SUPPLIER	09G058	B. WING_		1	
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(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
he facility failed ric needs for we rable weight rar ing dinner observed in p.m., Client #1 for meal and drompleted his movement of the dinner oximately 50 m during the dinner of the deared to be underview with the licent with the new with	to ensure that Client #1 eight gain to within his nge were reassessed. rvations on January 4, 2010, at slowly ate 100% of a double ank 8 punces of Ensure Plus. heal at 6:54 p.m. hinutes later. Interview with her meal revealed the client ortions and always consumed and supplement. Further client, however, revealed he erweight for his height beensed practical nurse (LPN) at approximately 11:35 p.m. #1's weight was being stritionist. Additionally, surse revealed that health ducted by the nursing staff, ysician, and other medical led for the client. anuary 5, 2010, at 12:10 p.m. most current weight was 133 2009) and that his desirable	W 322	Since survey period individual's weight is (DWR) 135-167 lbs hence individual is weight in addition cross referenced and adopted	i 138 lbs vithin DWR. with I40 I.1.	1/16/10 and ongoing
et weight gain one time of the suained below his ht.	luring the last twelve months. Irvey, the client's weight established desirable body				
	findings included the facility failed ric needs for we rable weight ranged dinner observed and drawing the dinner of the completed his movement of the dinner of the completed his meals are to be under the completed to be under the complete of the substants as need to be under the complete of the complete of the complete of the substants of th	findings include: ne facility failed to ensure that Client #1 ric needs for weight gain to within his rable weight range were reassessed. ng dinner observations on January 4, 2010, at p.m., Client #1 slowly ate 100% of a double on meal and drank 8 punces of Ensure Plus. completed his meal at 6:54 p.m. roximately 50 minutes later. Interview with during the dinner meal revealed the client ys his double portions and always consumed to of his meals and supplement. Further ervation of the client, however, revealed he eared to be underweight for his height view with the licensed practical nurse (LPN) anuary 5, 2010 at approximately 11:35 p.m. aled that Client #1's weight was being itored by the nutritionist. Additionally, view with the nurse revealed that health itoring was conducted by the nursing staff, primary care physician, and other medical sultants as needed for the client. ord review on January 5, 2010, at 12:10 p.m. aled the client's most current weight was 133 ands (December 2009) and that his desirable th range (DWR) was 135 to 167 pounds. dinued record review revealed the client had get weight gain during the last twelve months. The first production of the survey, the client's weight which the survey, the client's weight which the client is established desirable body ht.	findings include: ne facility failed to ensure that Client #1 ric needs for weight gain to within his rable weight range were reassessed. ng dinner observations on January 4, 2010, at p.m., Client #1 slowly ate 100% of a double on meal and drank 8 bunces of Ensure Plus, completed his meal at 6:54 p.m. roximately 50 minutes later. Interview with during the dinner meal revealed the client ys his double portions and always consumed to of his meals and supplement. Further ervation of the client, however, revealed he eared to be underweight for his height view with the licensed practical nurse (LPN) anuary 5, 2010 at approximately 11:35 p.m. alled that Client #1's weight was being itored by the nutritionist. Additionally, view with the nurse revealed that health itoring was conducted by the nursing staff, primary care physician, and other medical sultants as needed for the client. ord review on January 5, 2010, at 12:10 p.m. alled the client's most current weight was 133 ands (December 2009) and that his desirable the trange (DWR) was 135 to 167 pounds. dinued record review revealed the client had the tweight gain during the last twelve months. The facility of the survey, the client's weight the time of the survey, the client's weight the time of the survey, the client's weight the time of the survey, the client's weight	findings include: he facility failed to ensure that Client #1 ric needs for weight gain to within his rable weight range were reassessed. In addition cross referenced and adopted by m., Client #1 slowly ate 100% of a double on meal and drank 8 bunces of Ensure Plus, completed his meal at 6:54 p.m., roximately 50 minutes later. Interview with during the dinner meal revealed the client ye his double portions and always consumed % of his meals and supplement. Further evacion of the client, however, revealed he bared to be underweight for his height view with the licensed practical nurse (LPN) anuary 5, 2010 at approximately 11:35 p.m. alled that Client #1's weight was being stored by the nutrilionist. Additionally, view with the nurse revealed that health itoring was conducted by the nursing staff, rormany care physician, and other medical sultants as needed for the client. Dord review on January 5, 2010, at 12:10 p.m. alled the client's most current weight was 133 and (December 2009) and that his desirable th range (DWR) 135-167 lbs hence individual's weight is not double on the individual's weight is not double on the individual is v Since survey period individual's weight is not double (DWR) 135-167 lbs hence individual is v (DWR) 135-167 lbs hence individual is v (DWR) 135-167 lbs hence individual's weight is adouble on the double on the individual is v Nutritional Assessment individual on I/I to satisfy caloric need. Nutritional Assessment individual on I/I to satisfy caloric need. Nutritional Assessment individual on I/I to satisfy caloric need. Nutritional Assessment individual on I/I to satisfy caloric need. Nutritional Assessment individual on I/I to satisfy caloric need.	findings include: ne facility failed to ensure that Client #1 ric needs for weight gain to within his rable weight range were reassessed. ng dinner observations on January 4, 2010, at p.m., Client #1 slowly ate 100% of a double on meal and drank 8 bunces of Ensure Plus. completed his meal at 6:54 p.m. oximately 50 minutes later. Interview with during the dinner meal revealed the client ys his double portions and always consumed & of his meals and supplement. Further exivation of the client, however, revealed he eared to be underweight for his height view with the licensed practical nurse (LPN) anuary 5, 2010 at approximately 11:35 p.m. alled that Client #1's weight was being flored by the nutritionist. Additionally, view with the nurse revealed that health itoring was conducted by the nursing staff, ximary care physician, and other medical iuitants as needed for the client. nated the client's most current weight was 133 dis (December 2009) and that his desirable hit range (DWR) was 135 to 167 pounds. inued record review revealed the Client had et weight gain during the last twelve months. e time of the survey, the client's weight inned below his established desirable body hit.

DEPAR	TMENT OF HEALTH	HAND HUMAN SERVICES			FORM	APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			
		09G058	B. WING		01/0	6/2010
NAME OF F	PROVIDER OR SUPPLIER		CES OMB NO. 09 CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZP CODE \$21 KENNEDY STREET, NE WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) W 322 had PCP in reviewing result of CT scan recommended further evaluation of lab done on 12/29/08 which ruled out Multiple Myeloma (see attached) A bone scan evaluation was done on 12/31/08 as recommended (see attached). The prior In the scan evaluation was done on 12/31/08 as recommended (see attached).			
SYMBRA	AL FOUNDATION			521 KENNEDY STREET, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
W 322	Continued From pa	nge 10	W 32	2		
	beginning at 3:40 p	o.m., revealed Client #1 had ng as evidenced below:	77 0	^i		: : : !
	(1) 9 mm geograph vertebral body, which	2008 - CT Scan - (Results) hic lytic lesion in the C6 ch was not within the field of		further evaluation of lab done on 12/29/0		12/29/08 and ongoing
	level of the first cos	lucency in the stemum at the stostemal articulation. While conspicuous than on the prior			31/08 as	į
	Further review of the aforementioned data concerning finding to lesion. "The appear suggests that it may vertebral body lesions raises the concern to myeloma, and reconcernations."	the report of the study on the te revealed the most was the cervical vertebral body rance of the scapular lesion y not be related to the yn. The vertebral body lesion for metastatic disease and mmends further evaluation ne bone scan and myeloma				
	for further assessm (back)", (Results) (1) The finding in the arthritic/degenerativ primary bone lesion	108 - Radiologic examination pent of the "Vertebrae Lesions per right glenoid may represent the change, however, the is also considered. diographic correlation of the		PCP Findings of all diagnostic and labora communicated to the PCP who did not re repeat MRI with sedation, but referred to for further evaluation. (see attached) Nursing team has scheduled appointment #1 and will ensure appropriate follow up place. Ongoing monitoring will be perfor Nursing team to ensure compliance.	ecommend a o an Oncologist t for individual will take	2/28/10 and ongoing
: ;	Right Scapula to eva	9 - Recall visit for a MRI of valuate the scapula lesion. A				

following information:

MRI of Right Scapula to evaluate the scapula lesion. The consultation report noted the

		AND HUMAN SERVICES			FORM	APPROVED
STATEMENT	KS FOR MEDICARE T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		09G058	B. WING			6/2010
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	ULD BE	(X5) COMPLETION DATE
W 322	Continued From pa	ge 11	W 32	22		
	(1)"Findings of the I study revealed a "C	February 11, 2009, partial comparison with prior MRI of I CT of December 22, 2008.	**	 		
the examination, "Unable to		esions discussed on the 3, were not within the field of Inable to do study due to the s moving during study. Patient		Findings of all diagnostic and laboratory to communicated to the PCP who did not recrepeat MRI with sedation, but referred to Oncologist for further evaluation. (see attainment)	commend a an ached) for individual	2/28/10 and ongoing
•	(3) Examination was not performed for the evaluation of the rotator cuff or glenoid labrum.			#1 and will ensure appropriate follow up v place. Ongoing monitoring will be perform Nursing team to ensure compliance.	rill take	
ı		9 - Recall visit for a MRI of aluate the lesion. (Results)				
1	at 2:00 p.m. The co	nted with Alprazolam 3 mg PO nsultation report contained a unable to hold still for MRI."				
	revealed a physiciar 2009, regarding the for MRI. The order attempts, one with s	anuary 6, 2010, at 4:40 p.m., n's order dated March 31, February 27, 2009, recall visit revealed that due to two sedation and one without f Rt. Scapula should not be				
!	strategies for monito	nce the facility had developed oring and/or alternatively ormal findings described in the I studies.		·		
W 331	483.460(c) NURSIN		W 33	11		
	The facility must proservices in accordan	ovide clients with nursing nce with their needs.				

This STANDARD is not met as evidenced by:

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R WING 09G058 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE SYMBRAL FOUNDATION WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X,5) (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) W 331 W 331 Continued From page 12 LPN Case Manager has conducted training on Based on interview and the record review, the 2/1/10 and documentation of topical on 1/14/10. facility's nursing services failed to ensure nursing ongoing services for one of two clients in the sample. A monitoring tool has been developed. (Client #1) House Manager will monitor documentation daily for the next 90 days. LPN Case Manager will monitor The finding includes: weekly and monthly for the next 90 days (3 months). The facility's nursing services failed to ensure that RN, DON and QMRP will monitor quarterly to provide Client #1 received treatment with Selenium adherence. Sulfide 2.5% as prescribed to treat the rash behind his right ear/neck. (See W368) W 356 W 356 483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT LPN Case Manager has scheduled dental evaluation The facility must ensure comprehensive dental for individual #2 for 3/10/10 to query if second cavity 3/10/10 and treatment services that include dental care was filled. ongoing needed for relief of pain and infections. restoration of teeth, and maintenance of dental Symbral has increase nursing administrative staff, in the hiring of a RN for IC/MR facility with a specific health. job description of monitoring all medical consultation with concentration on recommendation, diagnosis and treatment provided. This STANDARD is not met as evidenced by: Based on interview and record review, the facility LPN Case Manager will monitor monthly, RN and failed to ensure timely treatment services for the DON will monitor monthly and provide quarterly maintenance of dental health of one of two clients oversight to ensure compliance. in the sample. (Client #2) The finding includes: Interview with the LPN on January 6, 2010, at 10:12 a.m. revealed that Client # 2 had regularly scheduled dental visits. On January 6, 2010, at 10:30 a.m., review of a dental consultation report dated April 13, 2009

revealed the purpose of the visit was to have two

"Performed one surface composite filling on #11."
The client returned to the dentist on October 28.

cavities filled. It was noted on the report,

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revealed a physician's order dated October 19, 2009 for "Selenium Sulfide lotion 2.5%, apply to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		09G058	B. WING		01/06/2010	
	ROVIDER OR SUPPLIER		5	REET ADDRESS, CITY, STATE, ZIP CODE 21 KENNEDY STREET, NE VASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
; ;	receipt of the crean instructed on how a medication, and to applied. The review revealed no docum was applied to the offrom October 21, 20, 483.470(g)(2) SPACThe facility must fur and teach clients to choices about the chearing and other devices in	The LPN reported that upon in, the direct care staff were and when to apply the document each time it was of the MAR, however, ented evidence that the cream client's neck, as prescribed, 2009 through October 31, 2009. CE AND EQUIPMENT mish, maintain in good repair, ouse and to make informed use of dentures, eyeglasses, communications aids, braces,	W 436	Crossed referenced and adopted with W1		1/9/10 and ongoing
; 	Based on observation review, the facility freeffective training to eyeglasses recommended from team for two of three (Clients #1 and #3)	s not met as evidenced by: on, interview and record ailed to ensure timely and encourage wearing of nended by the interdisciplinary se clients residing in the facility.		Crossed referenced and adopted with WI W159.4 and W189.	, 1-	/6/10 and ongoing
	4:50 p.m. revealed the did not wear them. on January 6, 2010 #1 required lots of a glasses on, and the longer than a minut staff at approximate his glasses and loo	taff on January 4, 2010, at the client had eye glasses, but Continued interview with staff, at 3:50 p.m. revealed Client encouragement to put his eye on refused to keep them on for e. With encouragement from ely 5:15 p.m., the client put on ked in the mirror, but refused ses. Staff indicated that the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		09G058	B. WING_		01/0	6/2010
-	ROVIDER OR SUPPLIER		!	REET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 436	group home, howey day program. Record review on J revealed an ophtha 2009, that revealed hyperopia and that recommended. The August 3, 2009, ince the client wear his patthough the client prescribed eye glasstructured system hincrease the client's recommended by the communication device. The facility failed timely provided a recommunication device of the client observed that (Basic Talk 4) AAC device Qualified Mental Recommunication devices and the client observed Talk 4) AAC device Qualified Mental Recommunication devices that the Speathologist (SLP) we communication devirst quarter of 2009 SLP had stated variable. As a rest	is eyeglasses daily at the ver did not take them to his anuary 6, 2010, at 4:20 p.m. Imology report dated June 11, the client was diagnosed with eye glasses were individual support (ISP) dated luded a recommendation that prescribed eye glasses, was observed to have the ses, there was no evidence a had been implemented to stolerance of his eye glasses he IDT to improve his vision. To ensure that Client #3 was accommended augmentative rice as evidenced below: On January 4, 2010, at 6:15 Client #3 had a "low-tech device", however, was not aff had not been trained on time during the survey was to use his "low-tech (Basic" Interview initiated with the etardation Professional y 5, 2010, at 9:37 a.m., beech and Language was to order the ice for the client during the large as to order the ice for the client during the like 4) AAC device " was not alt of these delays, the client ow-tech (Basic Talk 4) AAC	W 436	Crossed referenced and adopted with WW 189.	159.5 and	1/10/10 and ongoing

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G058		JULTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED 01/06/2010	
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		STREET ADDRESS, CITY, STATE, ZIP 521 KENNEDY STREET, NE WASHINGTON, DC 20011	, CODE		
MUST BE PRECEDED BY FULL		X (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
ge 16	W 4	36			
tor (RD) presented a rice which was observed to be Talk 4) AAC device." The device belonged to Client #3. Cord review on January 5, revealed the following he communication device: 8: The court hearing report that a previous SLP March 2007 indicated that the od candidate for a low or high communication device due to the constant congenital deficits. Report directed the QMRP to each/language evaluator, one end the utilization of computer ins, one-on-one assistance ilities to "expand horizons" of				1/31/09 and ongoing	
ech and language evaluation 2009. According to the pression was that the client from the use of an unication device to enhance abilities." The assessment ploratory use of a low-tech device" At the time of the o evidence the facility had #3 timely received the (4) AAC device		Crossed referenced and adopted	with W189.	1/26/10 and ongoing	
		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TAG TOP (RD) presented a rice which was observed to be Talk 4) AAC device." The device belonged to Client #3. Cord review on January 5, revealed the following he communication device: 18: The court hearing report that a previous SLP March 2007 indicated that the od candidate for a low or high communication device due to the communication device of an an unication device to enhance abilities." The assessment obstratory use of a low-tech device" At the time of the of evidence the facility had #3 timely received the (4) AAC device	STREET ADDRESS, CITY, STATE, ZIF S21 KENNEDY STREET, NE WASHINGTON, DC 20011 TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) TAG TO PREFIX CROSS-REFERENCED TO DEFICIENC TAG TO DEFICIENC TAG TO DEFICIENC TO UNIT TAG TO DEFICIENC TO DEFICIENC TO UNIT TAG TO DEFICIENC TO UNIT TAG TO DEFICIENC TO UNIT TAG TO UNIT TAG	O9G058 STREET ADDRESS, CITY, STATE, ZIP CODE S21 NENNEDY STREET, NE WASHINGTON, DC 20011 STREET ADDRESS, CITY, STATE, ZIP CODE S21 NENNEDY STREET, NE WASHINGTON, DC 20011 STREET ADDRESS, CITY, STATE, ZIP CODE S21 NENNEDY STREET, NE WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Question of the property of the proper	

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G058 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE SYMBRAL FOUNDATION WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX TAG TAG DEFICIENCY)

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0039 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 521 KENNEDY STREET, NE SYMBRAL FOUNDATION WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 Symbral's governing body have established a QA team 2/28/10 and A licensure survey was conducted from January that will conduct weekly monitoring to ensure ongoing 4, 2010 through January 6, 2010. The survey diagnostic, preventative and curative measures to was initiated using the fundamental survey maintain compliance relating to deficiencies identified. process. A random sample of two residents was selected from a resident population of three males with various disabilities. The findings of the survey were based on observations in the home and one day programs, interviews with staff in the home and day programs, as well as a review of the clinical, administrative, and habilitation records; including a review of the unusual incident/investigation reports. 1090 3504.1 HOUSEKEEPING 1090 The interior and exterior of each GHMRP shall be As per maintenance policy. House Manager has issued maintained in a safe, clean, orderly, attractive, 2/26/10 and maintenance engineer with a job order to effect repairs ongoing and sanitary manner and be free of identified. Maintenance Engineer has completed accumulations of dirt, rubbish, and objectionable repairs cited on 2/26/09. odors. Symbral's QA Team, QMRP, House Manager and Maintenance Engineer will monitor to ensure compliance. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP falled to maintain the exterior of the facility in a safe manner as evidenced: The finding includes: On January 5, 2010, at 8:20 a.m., the ramp at the edge of the driveway was observed to have a board which was breaking off on the right side. Interview with the staff revealed that major repairs had been performed on the ramp since the last survey. At the time of the survey, however, there was no evidence the aforementioned area of the ramp had been

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(X8) DATE

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0039 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 521 KENNEDY STREET, NE SYMBRAL FOUNDATION WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 1090 Continued From page 1 1090 maintained in good repair. 1 206: 3509.6 PERSONNEL POLICIES 1206 Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been Symbral's governing body has shifted responsibility of performed and that the employee 's health status Auditing of consultants' file to job duties of the OMRP. 2/28/10 and would allow him or her to perform the required A monitoring tool was developed that will be used to ongoing duties audit consultant's files quarterly. A follow up of 30 days notification letter will be issued to consultants. Follow telephone calls or written notification will be kept to allow QMRP to ensure compliance to this standard. This Statute is not met as evidenced by: Based on interview and record review, the facility Client #3 was sent written notification on 2/24/10 failed to ensure that each consultant had a health requesting that an annual physical be provided to evaluation at least annually for three consultants QMRP in place of an annual T.B. screening. (Consultants #1, #2 and #3). The finding includes: During the entrance conference on January 4, 2010, the Qualified Mental Retardation Professional (QMRP) was requested to provide health certificates for staff and consultants working with the individuals in the GHMRP. Interview with the QMRP revealed that the health certificates were at the administrative office and would be provided on January 5, 2010. On January 5, 2010, at 9:40 a.m., record review revealed health certificates had expired for Consultants #1, #2, and #3. It was noted that that Consultant #3 had a current tuberculin screening. however lacked a health certificate. At the time of the survey, there was no evidence the GHMRP ensured each consultant provided documentation to verify a current health certification had been performed.

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AAC device."

operate Resident #3's "low-tech (Basic Talk 4)

2. Cross refer to Federal Deficiency Report

-W368] The GHMRP failed to ensure staff was

medication.

LPN Nurse Case Manager conducted training on

consistent documentation of the application of topical

1/14/10 and

ongoing

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0039 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CDDE 521 KENNEDY STREET, NE SYMBRAL FOUNDATION WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) 1222 Continued From page 3 1222 effectively trained to consistently document the application of topical medication for Resident #1. 1401 3520.3 PROFESSION SERVICES: GENERAL 1401 **PROVISIONS** Professional services shall include both diagnosis and evaluation, including identification of Record of vital signs and weight monitoring indicates that individual started to experience notable decline in developmental levels and needs, treatment weight status in Feb. 2007. services, and services designed to prevent deterioration or further loss of function by the At which point a Nutritional assessment was resident. conducted and a change in diet reflecting double 2/28/10 and portions breakfast and dinner, soft sandwich at pm ongoing snack and supplement added. This Statute is not met as evidenced by: Based on observation, interview and record Since dietary change individual has shown a weight review, the Group Home for the Mentally gain of 20 lbs and over. He has also maintained this Retarded Persons (GHMRP) failed to ensure weight with a fluctuation of 1 or 2 lbs. professional services were provided in accordance with the needs of three of three Since survey period individual's weight has been residents in the GHMRP. (Residents.# 1, #2, reassessed and found to be within DWR gaining 5 lbs. and#3) During the period of weight decline several medical diagnostic and laboratory tests were done to determine The findings include: the etiology for decline in weight. 1. The GHMRP failed to ensure preventive Currently further evaluation by specialty physicians, is health services were implemented for one being conducted until a resolution is found. Resident #1 as evidenced below: During dinner observations on January 4, 2010. at 6:05 p.m., Resident #1 slowly ate 100% of a double portion meal and drank 8 ounces of Ensure Plus. He completed his meal at 6:54 p.m. approximately 50 minutes later. Interview with staff during the dinner meal revealed the resident enjoys his double portions and always consumed 100% of his meals and supplement. Further observation of the resident, however, revealed he appeared to be underweight for his height.

Interview with the licensed practical nurse (LPN)

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Further review of the report of the study on the aforementioned date revealed the most concerning finding was the cervical vertebral body lesion. "The appearance of the scapular lesion suggests that it may not be related to the vertebral body lesion. The vertebral body lesion raises the concern for metastatic disease and myeloma, and recommends further evaluation with nuclear medicine bone scan and myeloma

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0039 01/06/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **521 KENNEDY STREET, NE** SYMBRAL FOUNDATION WASHINGTON, DC 20011 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1401: Continued From page 7 1401 preventive treatment for the maintenance of his dental health. 4 The facility failed to ensure that all drugs were LPN Case Manager has conducted training on administered in compliance with the physician 's 2/1/10 and documentation of topical on 1/14/10. orders for Resident #1. ongoing A monitoring tool has been developed. Interview with the licensed practical nurse (LPN) House Manager will monitor documentation daily for on January 5, 2009, at 3:46 p.m. revealed the next 90 days. LPN Case Manager will monitor Resident #1 that Selenium Sulfide 2.5% was weekly and monthly for the next 90 days (3 months). prescribed to treat the rash behind his right ear/neck. RN, DON and QMRP will monitor quarterly to provide adherence. Record review on January 5, 2010, at 4:03 p.m. revealed a physician's order dated October 19. 2009 for "Selenium Sulfide lotion 2.5%, apply to neck at bed time..." The LPN reported that upon receipt of the cream, the direct care staff were instructed on how and when to apply the medication, and to document each time it was applied. The review of the MAR, however, revealed no documented evidence that the cream was applied to the resident's neck, as prescribed. from October 21, 2009 through October 31, 2009. 5. The facility failed to ensure a comprehensive assessment of the nutritional needs of Residents #1 and #2. a. The facility failed to ensure a comprehensive reassessment of Resident #2's food preferences and the continued need for a nutritional supplement as evidenced below: On January 4, 2010, at 6:05 p.m., Resident #2 received his dinner meal (fish, yellow rice, green beans, pear halves) and 8 ounces of Resource 1 Breeze ". He drank all of the Resource " Breeze ", however required verbal prompts from staff to eat his meal. At 6:38 p.m., approximately thirty

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ate most of the fruit. Several minutes later (6:50 p.m.), the licensed practical nurse (LPN) indicated that the resident was finished eating, he would normally take his plate to the kitchen. Staff indicated that the resident sometimes refused his food, however usually drank 100% of his beverages and ate his dessert. Interview with the staff preparing the meal revealed the resident was prescribed a regular high fiber diet and 8 ounces Resource "Breeze", one time daily. According to staff, the resident would be offered a snack later that evening. During the day program visit on January 6, 2010, at 12:30 p.m., interview with the day program nurse revealed that staff had reported that Resident #2 was a "picky eater and usually ate his snack, but often put his sandwiches in the trash. On January 6, 2010 at 2:45 p.m., a nursing progress note dated August 18, 2009, revealed the nurse 's attempts to reach the nutritionist to discuss the possibility of discontinuing the nutritional supplement because Resident #2 was	Health F	Regulation Administr	ation				FORM	APPROVED
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WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) I 4011 Continued From page 8 minutes later, staff asked him if he was finished eating, and the resident gently stapped his own face. He went to the kitchen at 6:44 p.m. and raked approximately 60% of his fish, yellow rice, green beans from the plate into the trash can, but ate most of the fruit. Several minutes later (6:50 p.m.), the licensed practical nurse (LPN) indicated that if the resident was finished eating, he would normally take his plate to the kitchen. Staff indicated that the resident sometimes refused his food, however usually drank 100% of his beverages and ate his dessert. Interview with the staff preparing the meal revealed the resident was prescribed a regular high fiber diet and 8 ounces Resource "Breeze" one time daily. According to staff, the resident would be offered a snack later that evening. During the day program visit on January 6, 2010, at 12:30 p.m., interview with the day program nurse revealed that staff had reported that Resident #2 was a "picky eater and usually ate his snack, but often put his sandwiches in the trash. On January 6, 2010 at 2:45 p.m., a nursing progress note dated August 18, 2009, revealed the nurse' is attempts to reach the nutritionist to discuss the possibility of discontinuing the nurse's sattempts to reach the nutritionist to discuss the possibility of discontinuing the nurse' is attempts to reach the nutritionist to discuss the possibility of discontinuing the nurse is attempts to reach the nutritionist to discuss the possibility of discontinuing the nurse is attempts to reach the nutritionist to discuss the possibility of discontinuing the nurse is attempts to reach the nutritionist to discuss the possibility of discontinuing the nurse is attempts to reach the nutritionist to discuss the possibility of discontinuing the nurse is the possibility of discontinuing the nurse is the possibility of discontinuing the n								
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eating 100% of his meals. On January 6, 2010, at 3:10 p.m., review of the resident 's nutritional assessments at the group home revealed the resident 's food intake was "usually 75%-100%". The resident 's health management care plan dated August 7, 2009, revealed a goal to consume 100% of his food		minutes later, staff a eating, and the residence. He went to the raked approximately green beans from the ate most of the fruit. Several minutes late practical nurse (LPN was finished eating, plate to the kitchen. resident sometimes usually drank 100% dessert. Interview with meal revealed the reregular high fiber die "Breeze", one time of resident would be off evening. During the day prograt 12:30 p.m., interview of the sesident #2 was a "his snack, but often parash. On January 6, 2010 a progress note dated the nurse is attempts discuss the possibility putritional supplement in the sesident is food intaked. The resident is he atted August 7, 2009	asked him if he was dent gently slapped it is kitchen at 6:44 p.m. y 60% of his fish, yell he plate into the trashing in (6:50 p.m.), the lick he would normally to Staff indicated that if refused his food, how of his beverages and ith the staff preparing esident was prescribed and 8 ounces Resordaily. According to staff had reported that it remains a shadow in the day progestaff had reported that picky eater and usually the staff had reported that it picky eater and usually the staff had reported that it picky eater and usually the staff had reported that it picky eater and usually the staff had reported that it picky eater and usually the staff had reported that it picky eater and usually the staff had reported that it picky eater and usually the staff had reported that it picky eater and usually 18, 2009, revealed to the resident it is nutritically not because Resident: a nutritically picky eater and usually 75% eater management call, revealed a goal to	ensed ensident ake his the wever of ate his ource taff, the hat ally ate in the life to th		reassessment be done for individual offering him more food of his prefer maximize intake of diet at meal time were sent to Day Program, Social W Service Coordinators follow up resp forwarded to ensure best service to QMRP, RN, DON and House Mana.	#2 to determine if rences will es copies of letter orker and DDS conse was also be individual.	3/10/10 and ongoing

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I 401	Interview with the day program staff on January 2010, at 12:35 p.m. revealed that the Resident #1 was prescribed single portions at lunch and a moming and afternoon snack. During the day program visit, the resident was observed to consume 100% of a single portion diet. During the survey, staff at the day program and the group home agreed that the resident usually consumed 100% of the food and beverages offered. The review of the weight records on January 5, 2010 at 2:15 p.m. revealed the resident had a recommended weight range of 135 to 167 pounds. Further review of the weight chart revealed Resident #1's fluctuating weight from January 2009 (135 pounds) to December 2009 to (133 pounds). On January 6, 2010, at 2:37 p.m., the quarterly nutritional assessment dated October 24, 2009, revealed "Current diet provides 3000 - 3500 calories." The assessment documented that the consumed approximately 75 to 100% of his diet and tolerated his diet well. Although the annual and quarterly nutritional assessments continued to identify weight gain as a goal, the resident achieved no net weight gain from January 2009 to December 2009. At the time of the survey, there was no evidence that the resident's caloric need to promote weight had been reassessed by the nutritionist and the			401			
1.420	interdisciplinary tea			1420			İ
1 420	Each GHMRP shatraining to its reside and maintain those more effectively wi	II provide habilitation ents to enable them to life skills needed to the the demands of the achieve their optimals.	and o acquire cope eir	1 4 2V			

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2009 in which the resident was diagnosed with

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electronic AAC device. " Stated training

to answer simple questions and to state

identifying information.

objectives were designed to enable the resident to make requests, to state his name on request,

Interview with the QMRP on January 5, 2010, at 9:39 a.m., revealed that the IDT approved the communication goal and that it was to be implement after Resident #3 's individual support plan (ISP) which was conducted on April, 8, 2009. Further interview with the QMRP revealed the

FORM APPROVED **Health Regulation Administration** STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A BUILDING B. WING HFD03-0039 01/06/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **521 KENNEDY STREET, NE** SYMBRAL FOUNDATION WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 1420. Continued From page 13 1420 AAC device was not received until November 2009 that currently staff was awaiting training on how to use the device. On January 5, 2010, at 10:45 a.m., the review of a QMRP note dated June 12, 2009, revealed the AAC device had not been delivered. "Program on hold until delivery of AAC device". Subsequent QMRP progress notes dated July 12, 2009, August 20, 2009, and October 26, 2009 also revealed the AAC device was not available to implement the training objective. At the time of the survey, there was no evidence that the facility had ensured that Resident #3 received continuous active treatment to improve his communication skills.